UNITED STATES DISTRICT COURT

	for the					
District of						
EMILY JOY TAYLOR, CARRI THIER, CHRISTOPHER TOMARAS, M.D., RAYMOND WALKUP, M.D., and SHANE MANGRUM, M.D., Plaintiff(s) v. POLARIS SPINE AND NEUROSURGERY, P.C., THE POLARIS SPINE AND NEUROSURGERY, P.C. 401(K) PLAN, and MAX. R STEUER, M.D., Defendant(s))))) (Civil Action No.))))))					
SUMMONS IN A CIVIL ACTION						
To: (Defendant's name and address) Polaris Spine and Neurosurgery, P.C. c/o Registered Agents Inc. 300 Colonial Center Parkway, Suite 100N Roswell, Georgia 30076 A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Todd D. Wozniak, Esq. Nicholas R. Boyd, Esq. Holland & Knight LLP 1180 W. Peachtree Street NW, Suite 1800 Atlanta, Georgia 30309 If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.						
Date:	Signature of Clerk or Deputy Clerk					

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (nan	ne of individual and title, if any)					
was re	ceived by me on (date)	·					
	☐ I personally served	the summons on the individual	at (place)				
			on (date)				
	☐ I left the summons at the individual's residence or usual place of abode with (name)						
	, a person of suitable age and discretion who resides there,						
	on (date), and mailed a copy to the individual's last known address; or						
	☐ I served the summo	ons on (name of individual)			, who is		
	designated by law to accept service of process on behalf of (name of organization)						
			on (date)	; or			
	☐ I returned the sumn	nons unexecuted because			; or		
	☐ Other (specify):						
	My fees are \$	for travel and \$	for services, for a total of \$				
	I declare under penalty of perjury that this information is true.						
Date:							
			Server's signature				
			Printed name and title				
			Server's address				

Additional information regarding attempted service, etc: